

SEP 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: SHIMBORI et al. Docket No.: 372106-00105 (338531)
Serial No.: 10/628,919 Art Unit: 1756
Filed: July 29, 2003 Examiner: Mohamedulla, Saleha R.
For: PHOTORESIST PATTERN AND FORMING METHOD THEREOF

Total Pages Faxed: 7

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FOR AMENDMENT & RESPONSE
UNDER 37 CFR 1.111

I. ENCLOSURES

Transmitted herewith are the following documents for the above-referenced application:

- ☒ 5 Page Amendment; and
☒ Postcard for date-stamped return as confirmation of receipt of these materials.

II. STATUS

- ☒ Applicant is a large entity.

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Extension (months)</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00

Fee \$0.00.

- ☐ If an additional extension of time is required please consider this a petition therefore.
- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Saleha R. Mohamedulla in Group No. 1756 at facsimile number (703) 872.9306 located at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on

Date: September 29, 2005

Yvette Y. Infante-Gwen

IV. FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total *	5	Minus *0*	10	0	x25=	\$0	x50=	\$0
Indep. *	3	Minus *0*	4	0	x100=	\$0	x200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$0		x360=	\$0
				TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.

V. FEE PAYMENT

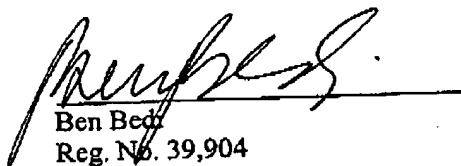
- ☐ Please charge Deposit Account No. 50-2778 the sum of \$0 for _____.

VI. FEE DEFICIENCY

- ☒ The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Respectfully submitted,

DECHERT LLP


 Ben Bech
 Reg. No. 39,904

Dated: September 29, 2005

DECHERT LLP
 Customer No. 37509
 P.O. Box 10004
 Palo Alto, CA 94303
 Telephone: 650.813.4800
 Facsimile: 650.813.4848

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AMENDMENT

In response to the office action mailed on June 30, 2005, please amend the above-identified application and consider the remarks as set forth herein.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.